SAMHSA-HRSA Center for Integrated Health Solutions

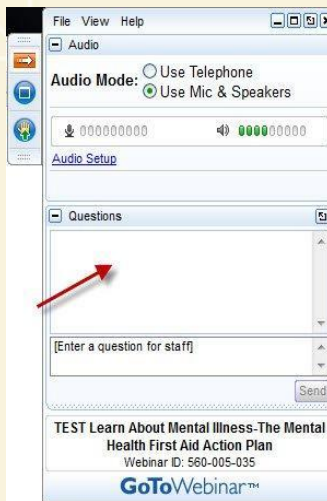**SAMHSA PBHCI Cohort VII Kickoff Webinar**

Moderator: Jenny Crawford, Deputy Director,
SAMHSA-HRSA Center for Integrated Health Solutions

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

X SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

SAMHSA-HRSA Center for Integrated Health Solutions

Got Questions?

Please type your questions into the question box and we will address them.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

X SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Agenda

- Overview of PBHCI
- Introduction to GPOs
- Grants Management
- Data Collection and Monitoring
- Grant Requirements
- Resources from the SAMHSA-HRSA Center for Integrated Health Solutions

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

✗ SAMHSA

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Overview of PBHCI

"As soon as your dentist gets here, we'll begin."

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

✗ SAMHSA

www.integration.samhsa.gov

Overview of PBHCI

- *Purpose***:** to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care services in community-based mental and behavioral health settings.

- *Goal***:** to improve the physical health status of <u>adults with serious mental illnesses (SMI)</u> who have or are at risk for co-occurring primary care conditions and chronic diseases.

- *Objective***:** to support the triple aim of improving the health of those with SMI; enhancing the consumer's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.   ✕*SAMHSA*   www.integration.samhsa.gov

---

Overview of PBHCI

Core Requirements
- Provide, by qualified primary care professionals, on-site primary care services and
- Provide, by qualified specialty care professionals or other coordinators of care, medically necessary referrals

Must serve as a client's health home where grantees provide the following services:
- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
- Individual and family support, which includes authorized representatives
- Referral to community and social support services, including appropriate follow-up

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.   ✕*SAMHSA*   www.integration.samhsa.gov

Other Areas of Emphasis

- <u>HIT</u>: Grantees must achieve Meaningful Use Standards, as defined by CMS, by the end of the grant period;

- <u>Prevention & Health Promotion</u>: Wellness programs (e.g., tobacco cessation, nutrition consultation, health education and literacy, self-help/management programs) should be available as preventive interventions that involve preventive screening and assessment tools, *incorporating recovery principles and peer leadership and support*

- <u>Sustainability</u>: Grantees must submit a sustainability plan in Year 2 of their grant, detailing how expanded Medicaid eligibility, available CMS/3rd party billing, and other strategies will be utilized to sustain services post-grant

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities. ✗SAMHSA www.integration.samhsa.gov

---
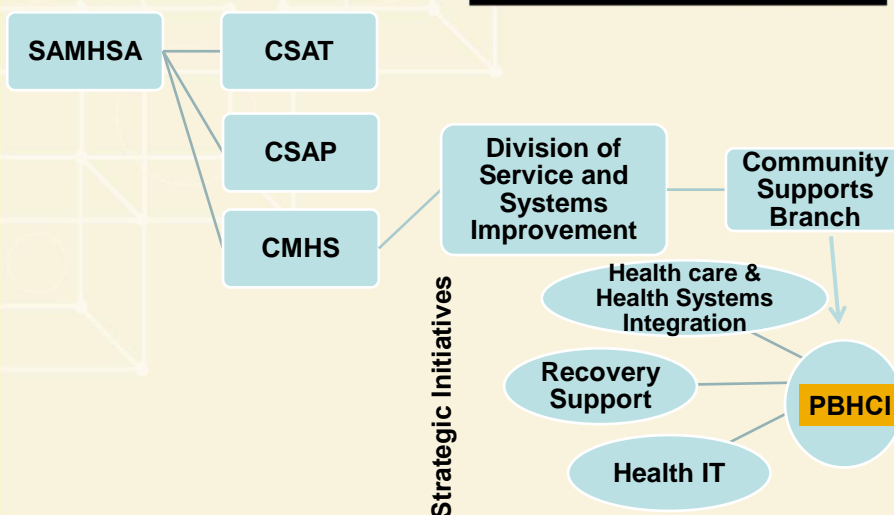
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities. ✗SAMHSA www.integration.samhsa.gov
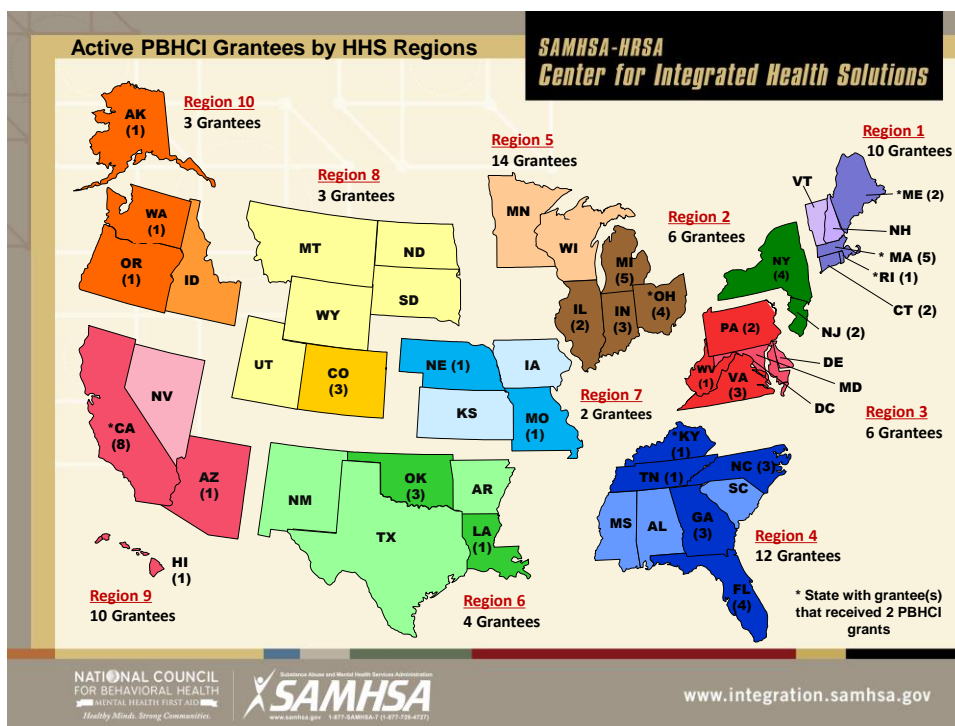
PBHCI Key Personnel

Government Project Officer (GPO)
CIHS Regional Liaison
CIHS Regional Coordinator
Grants Management Specialist (GMS)
TRAC/CDP Help Desk

SAMHSA-HRSA
Center for Integrated Health Solutions

What is your GPO's role?

- Federal representative responsible for overall grant monitoring and grantee compliance to the requirements of the grant award
- Approve all program changes (including budget, project scope, and Project Director & key personnel)
- Review and discuss your quarterly reports
- Review and discuss your TRAC/CDP data
- Field training and TA requests
- Support you in achieving your program goals!

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH — MENTAL HEALTH FIRST AID — *Healthy Minds. Strong Communities.*   ✗ SAMHSA   Substance Abuse and Mental Health Services Administration   www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)   www.integration.samhsa.gov

---

Western PBHCI Learning Community

SAMHSA-HRSA
Center for Integrated Health Solutions

Region 10
3 Grantees
AK (1)
WA (1)
OR (1)
ID

NV
*CA (8)
AZ (1)
HI (1)
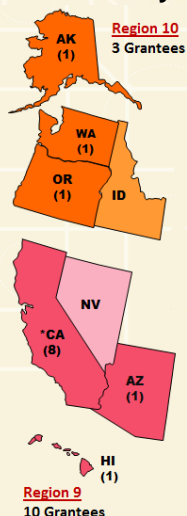
Region 9
10 Grantees

SAMHSA GPO : TBD
- Monitors the grant progress

CIHS Liaison: Aaron Williams
aaronw@thenationalcouncil.org
- Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

Coordinator: Hannah Mason
hannahm@thenationalcouncil.org
- Works with CIHS liaison to coordinate technical assistance

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH — MENTAL HEALTH FIRST AID — *Healthy Minds. Strong Communities.*   ✗ SAMHSA   Substance Abuse and Mental Health Services Administration   www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)   www.integration.samhsa.gov

Slide 1
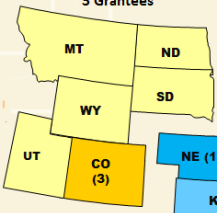
Central PBHCI Learning Community
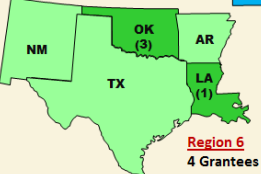
Region 8
3 Grantees

MT
ND
WY
SD
UT
CO (3)
NE (1)
IA

Region 7
2 Grantees

KS
MO (1)

NM
OK (3)
AR
TX
LA (1)

Region 6
4 Grantees

SAMHSA GPO: Roxanne Castaneda
Roxanne.Castaneda@samhsa.hhs.gov
- Monitors the grant progress

CIHS Liaison: Linda Ligenza
Lindal@thenationalcouncil.org
- Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

Coordinator: Hannah Mason
hannahm@thenationalcouncil.org
- Works with CIHS liaison to coordinate technical assistance

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
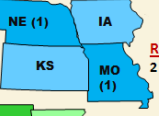*Healthy Minds. Strong Communities.*

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

Slide 2

Midwest PBHCI Learning Community

Region 5
14 Grantees

MN
WI
MI (5)
IL (2)
IN (3)
*OH (4)

SAMHSA GPO : Roxanne Castaneda
Roxanne.Castaneda@samhsa.hhs.gov
- Monitors the grant progress

CIHS Liaison: Jeff Capobianco
jeffc@thenationalcouncil.org
- Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

Coordinator: Rose Felipe
rosef@thenationalcouncil.org
- Works with CIHS liaison to coordinate technical assistance

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

Slide 1

Southeast PBHCI Learning Community

*KY (1)
NC (3)
TN (1)
SC
MS   AL   GA (3)
FL (4)

**Region 4
12 Grantees**

SAMHSA GPO : Marian Scheinholtz
marian.scheinholtz@samhsa.hhs.gov
- Monitors the grant progress

CIHS Liaison: Liaison - TBD
- Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

Coordinator: Rose Felipe
rosef@thenationalcouncil.org
- Works with CIHS liaison to coordinate technical assistance

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

Slide 2

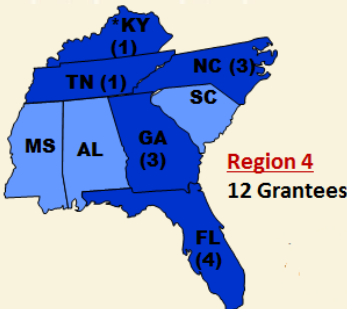**Northeast and Mid-Atlantic PBHCI Learning Community**

**Region 1
10 Grantees**

VT
*ME (2)
NH
**Region 2
6 Grantees**
* MA (5)
NY (4)
*RI (1)
CT (2)
PA (2)
NJ (2)
WV (1)   VA (3)
DE
MD
DC
**Region 3
6 Grantees**

SAMHSA GPO : Tenly Biggs
Tenly.Biggs@samhsa.hhs.gov
-Monitors the grant progress

CIHS Liaisons:
Tony Salerno (Regions 1 & 2)
tonys@thenationalcouncil.org
-Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

Liaison - TBD (Region 3)
- Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

Coordinator: Emma Green
emmag@thenationalcouncil.org
- Works with CIHS liaison to coordinate technical assistance

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

What is Grants Management's Role?

Grants Management Overview

SAMHSA PBHCI Cohort VII - Kickoff Webinar
October 29, 2014

Salvador Ortiz
Grants Management Specialist
240-276-1421; salvador.ortiz@samhsa.hhs.gov
Division of Grants Management/Office of Financial Resources (DGM/OFR)

GRANT NUMBER

➢Please remember to include your Grant Number (i.e. SM012345-01) on all correspondence (emails, letters, etc.) submitted to SAMHSA.

TOPICS

- Partners

- Roles (GPO, DGM, DPM)

- Actions Requiring Prior Approval

- Process for Requesting Prior Approval

- Carryover Authority

- Reporting Requirements

- Annual Budget Constraints

- How to Apply For The Next 12 Months

- SAMHSA Grants Management website

SAMHSA

Partners

```
              ┌──────────────┐
              │   Grantee    │
              └──────┬───────┘
        ┌────────────┼────────────┐
┌───────────────┐ ┌──────────────┐ ┌───────────────────┐
│ Government    │ │   Grants     │ │ Division of Payment│
│ Project       │ │ Management   │ │ Management         │
│ Officer (GPO) │ │ Specialist   │ │ (DPM)              │
│               │ │ (GMS)        │ │ Representative     │
└───────────────┘ └──────────────┘ └───────────────────┘
```

SAMHSA
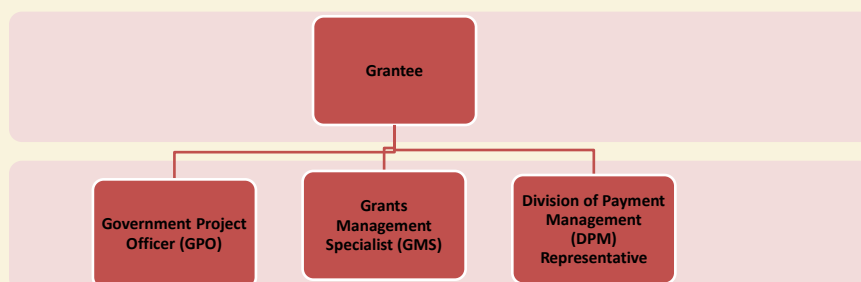
Government Project Officer's Role

- **Government Project Officer (GPO):** The GPO is responsible for the programmatic, and technical aspects of the grants. The GPO works in partnership with the Grants Management Specialist (GMS) throughout the duration of the grant cycle.

✗SAMHSA

Division of Grants Management/GMS Role

➢ Partners with **SAMHSA Government Project Officers**

➢ Responsible for business management matters:

- ❖ Award Negotiations
- ❖ Official Signatory for Obligation of Federal Funds
- ❖ Official Signatory for Prior Approvals
- ❖ Monitor fiscal/compliance issues
- ❖ Close-out of the grant

✗SAMHSA

Division of Payment Management's Role

Drawdown of Funds are made through another Federal office:

Division of Payment Management (DPM)

Website Address: **www.dpm.psc.gov**

Please visit the "Contact Us" section on the above website to search for grantee's account representative based on organizational entity status.

✗SAMHSA

Actions Requiring Prior Approval

➢ **Key Staff changes:** Any replacement or substantial reduction in effort of the Program Director (PD) or other key staff; positions designated as key staff are defined in the Notice of Award (NoA).

➢ **Re-budgeting of funds**: Cumulative amount of transfers among direct/indirect cost categories exceeding **25%** of the total award amount or **$250,000**, whichever is less.

➢ **Transfer of Substantive Programmatic Work to a Contractor**

➢ **Carryover of Un-obligated Funds above 10%** of the total federal share of the current budget period.

➢ **Change in Scope**: i.e. reduction in services originally proposed, reduction in number of clients, etc.

➢ **No Cost Extension:** To permit an orderly phase-out of a project or program.

✗SAMHSA

Process for Requesting Prior Approval

➢ **Request should be submitted in writing by Grantee:**
  ❖ Address to Grants Management Specialist and Government Program Official
  ❖ Reference Grant Number **(e.g. SM-12345)**
  ❖ Provide Programmatic and Budget Justification
  ❖ Signed by both **Program Director** and **Business Official**

➢ Requests may be submitted via email, with the Program Director and Business Official copied (CC) on the e-mail. *If submitted via email, you are not required to submit hard copy via mail.*

➢ Reviewed by Grants Management Specialist in consultation with Project Officer.

➢ **Approval will be official with a revised Notice of Award.**

SAMHSA

Reporting Requirements

REPORTS	RESPONSIBILITY	SENT TO
Quarterly Programmatic Progress Reports	Grantee Organization	**Grants Management Specialist (GMS) and Government Project Officer (GPO)**
Quarterly Federal Cash Transaction Report (FCTR) http://www.dpm.psc.gov/grant_recipient/ffr_(fctr)_due_dates.aspx	Grantee Organization	**Division of Payment Management (DPM)** **- submitted online through grantee's DPM account**
Semi-Annual Federal Financial Report (SF-425 FFR)	Grantee Organization http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf	**Grants Management Specialist (GMS)** **– signed copy may be emailed to GMS**

SAMHSA

Annual Budget Constraints

Project Period: 9/30/2014 – 9/29/2018

- YEAR 1   9/30/2014 - 9/29/2015
- YEAR 2   9/30/2015 - 9/29/2016
- YEAR 3   9/30/2016 - 9/29/2017
- YEAR 4   9/30/2017 – 9/29/2018

SAMHSA

How to apply for the next 12 months

Multi-Year Special Condition of Award:

- Refer to Notice of Award (NoA) for additional details. Submit the following:

➤ SF-424 Face Page
➤ SF424A Budget Information -Non-Construction Programs form
➤ Attestation or detailed budget justification & narrative
➤ Changes in key staff
➤ Program Narrative
➤ Submit to the Government Project Officer (GPO) and Grants Management
   Specialist (GMS) via email.

SAMHSA

SAMHSA Grants Management Website

Everything you need to know about managing a grant can be found at the following link:

http://www.samhsa.gov/grants/grants-management

SAMHSA

GRANT NUMBER

➢Please remember to include your Grant Number (i.e. SM012345-01) on all correspondence (emails, letters, etc.) submitted to SAMHSA.

SAMHSA

Questions & Answers ????

Data Collection & Monitoring

SAMHSA-HRSA
Center for Integrated Health Solutions

www.integration.samhsa.gov

What is TRAC/CDP?

TRAC is web-based, centralized data platform that allows CMHS to measure program and grantee performance

- Grantees:
  - ✓ Enter their goals, budget, & performance data
  - ✓ Monitor progress towards goals
- CMHS:
  - ✓ Monitors progress towards goals
- CDP, the Common Data Platform, will be SAMHSA's new data collection & monitoring system that will include TRAC's current data collection and monitoring tools, forms, and reports.
- Driven by:
  - ✓ Government-wide requirements
  - ✓ SAMHSA data strategy
  - ✓ Center commitment to performance management

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH · MENTAL HEALTH FIRST AID · Healthy Minds. Strong Communities.   ✗SAMHSA   www.integration.samhsa.gov

TRAC/CDP Data Collection Modules

- Annual Goals and Budget Information
- NOMs Client-level Measures for Discretionary Programs Providing Direct Treatment Services (Services Activities)
- Infrastructure Development, Prevention & Mental Health   Promotion (IPP)
- Technical Assistance (TA) Survey

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH · MENTAL HEALTH FIRST AID · Healthy Minds. Strong Communities.   ✗SAMHSA   www.integration.samhsa.gov

Annual Goals and Budget Information

- Project Directors enter their grant's performance goals and budget information
- Goals and budget information are entered directly into the TRAC/CDP system
- Goals are based on existing plans
- GPOs approve goals and budget information
- Data are used in various reports for performance measurement and oversight
- Project Directors can make annual updates thereafter

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH · MENTAL HEALTH FIRST AID · Healthy Minds. Strong Communities. · ✗SAMHSA · Substance Abuse and Mental Health Services Administration · www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727) · www.integration.samhsa.gov

---

NOMs Client-level Measures for Programs Providing Direct Treatment Services (Services Activities) Module

- Services Activities data is collected via the Client-level Measures (Services) tool
- Data is collected on all consumers that receive services
- All Services Activities data will be entered directly into the TRAC/CDP system

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH · MENTAL HEALTH FIRST AID · Healthy Minds. Strong Communities. · ✗SAMHSA · Substance Abuse and Mental Health Services Administration · www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727) · www.integration.samhsa.gov

Infrastructure Development & Prevention and Mental Health Promotion (IPP)

- Collects information on
  - ✓ Program activities
  - ✓ Impact on infrastructure development
  - ✓ Impact on prevention and mental health promotion
- Report on measures selected for your program
- Data can be viewed and downloaded
- Performance report matched to goals

Technical Assistance (TA) Survey

- Collects information regarding the technical assistance given to grantees by CMHS-funded TA Centers
- Survey questions include
  - ✓ Types of TA received
  - ✓ Content of TA received
  - ✓ Ability to carrying out grant work successfully
  - ✓ Quality assessment and overall satisfaction

Questions and Answers

Data! Data! Data!

Goal: PBHCI grantees will use their qualitative and quantitative data towards continuous quality improvement, both at the client and programmatic level

Required Data

- **Quarterly Reports--GPO**
- **National Outcome Measures (NOMs)—TRAC/CDP**
- **Infrastructure, Prevention, and Promotion Indicators (IPP)—TRAC/CDP**
- **Section H Health Indicators—TRAC/CDP**

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.   ✗SAMHSA   www.integration.samhsa.gov

---

Required Data

- Mechanical Measures (quarterly, submitted to TRAC/CDP every 6 months)
  - Height
  - Weight
  - Blood Pressure (BP)
  - Waist Circumference
  - Breath Carbon Monoxide (CO)

- Blood Work (annually)
  - Fasting glucose / HbA1c
  - Triglycerides
  - HDL Cholesterol
  - LDL Cholesterol
  - Total Cholesterol

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.   ✗SAMHSA   www.integration.samhsa.gov

Services Outcome Measures (PBHCI only)
Program: PBHCI
Grant(s): All Available Grants
Selected Period: All FFY Combined, FFY Quarter: All, Selected Interviews: From Baseline to Most Recent Interview,
Grant Status: Active grants only, Data Collection Status: Assessments conducted in window only
Data entered as of: July 19, 2013 7:09 AM EDT

Section H Indicator	Number of Valid Cases	At-risk at Baseline	At-risk at Second Interview	Outcome Improved	No Longer At-risk	Outcome Remained At-risk
Blood Pressure - Systolic	12,305	38.3 %	37.1 %	17.8 %	16.0 %	22.3 %
Blood Pressure - Diastolic	12,305	31.0 %	28.7 %	10.5 %	15.6 %	15.4 %
Blood Pressure - Combined	12,305	45.4 %	44.4 %	18.6 %	16.7 %	28.7 %
BMI	11,826	78.6 %	78.8 %	44.7 %	4.7 %	73.9 %
Waist Circumference	5,123	63.0 %	61.9 %	42.6 %	7.0 %	56.0 %
Breath CO	1,925	51.6 %	53.2 %	29.8 %	6.4 %	45.1 %
Plasma Glucose (fasting)	2,914	38.5 %	40.7 %	36.2 %	10.8 %	27.7 %
HgbA1c	2,137	59.7 %	55.4 %	39.8 %	9.7 %	49.9 %
HDL Cholesterol	4,754	32.4 %	31.3 %	38.9 %	8.9 %	23.5 %
LDL Cholesterol	4,495	28.0 %	24.6 %	43.5 %	11.1 %	16.9 %
Tri-glycerides	4,744	42.2 %	41.0 %	41.8 %	11.2 %	31.0 %

Notes:
1. This report is updated once every 24 hours, and includes all data entered as of the time it was last updated. Check the date and time at the top of this report to see when it was last updated.
2. Note, only selected programs/grants that have Outcome Measure's data will be displayed.
3. The number of valid consumers for the perception of care domain applies to data collected at reassessment only.

SAMHSA-HRSA
Center for Integrated Health Solutions

Questions and Answers

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

SAMHSA's Behavioral Health Disparities Impact Statements

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

HHS Secretarial Priority #1

Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that:

- *Program grantees will be required to submit **health disparity impact statements** as part of their grant applications.*

HHS Action Plan to Reduce
Racial and Ethnic Health Disparities

**A NATION FREE OF DISPARITIES
IN HEALTH AND HEALTH CARE**

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA

www.integration.samhsa.gov

Disparity Defined

- SAMHSA is using the Healthy People 2020 definition to guide the DIS work:
  - A health disparity is a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."
- Focus on disparities in access, use, and outcomes.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

✗SAMHSA

www.integration.samhsa.gov

Changes to the RFA

Statement of Need:
- *"Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA."*

Implementation:
- *"Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes." (including subpopulations as described in Section A.)*

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

✗SAMHSA

www.integration.samhsa.gov

Changes to the RFA

Performance Assessment & Data:

- *"Describe the data driven process by which changes in sub-population disparities, if any, in access/use/outcomes of your provided services will be tracked and assessed."*
- *"Describe how data will be used to manage the project and assure continuous quality improvement, including consideration, if any, of access/use/outcomes disparities of identified sup-populations."*

Appendix:

- *One-pager description of DIS, QI and CLAS Standards.*

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

✗ SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

Data to be Tracked at Grantee Level

- Disparities across racial/ethnic populations/LGBT in the grantee in terms of:
  - **Access** (# enrolled in grant program; grantees required to project # served in total and #specific to racial/ethnic/LGBT populations as percentage of their service catchment area)
  - **Use** (# services used)
  - **Outcomes** (# retained; performance on outcome measures disaggregated by race/ethnicity/LGBT)

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

✗ SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Special Condition of Award

- **By November 30, 2014**, you must:
- Submit an electronic copy of the Disparity Impact Statement to your GPO and GMS.
- *The 3 components that must be included in your DIS are:*

- 1) Proposed number of individuals to be served by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
- 2) A quality improvement plan for how you will use your program (GPRA) data on access, use, and outcomes to monitor and manage program outcomes by race, ethnicity, and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the unidentified sub-populations.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities. ✗ *SAMHSA* www.integration.samhsa.gov

---

SAMHSA-HRSA
Center for Integrated Health Solutions

Special Condition of Award

- 3) The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
  - a. Diverse cultural health beliefs and practices;
  - b. Preferred languages; and
  - c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities. ✗ *SAMHSA* www.integration.samhsa.gov

Questions and Answers

www.integration.samhsa.gov

What is CIHS' role?

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Introduction to CIHS and PBHCI Learning Communities
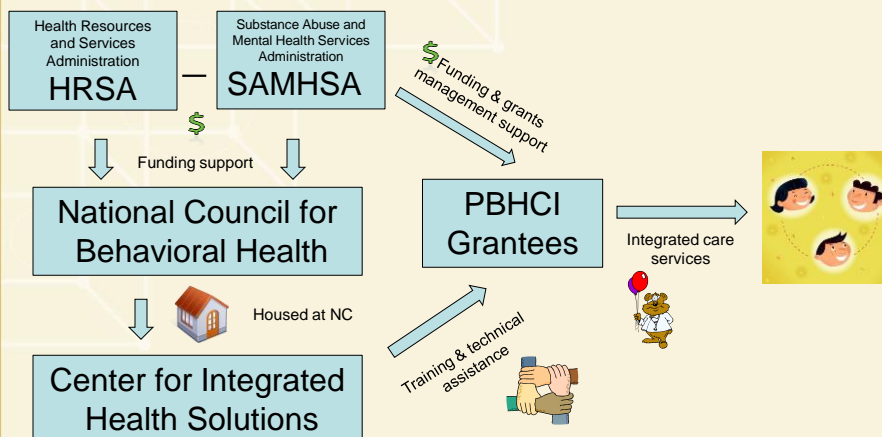
Laura Galbreath, CIHS Director

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH · MENTAL HEALTH FIRST AID · Healthy Minds. Strong Communities.

SAMHSA

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Connecting the dots…

Health Resources and Services Administration
HRSA

Substance Abuse and Mental Health Services Administration
SAMHSA

$ Funding & grants management support

$ Funding support

National Council for Behavioral Health

PBHCI Grantees

Integrated care services

Housed at NC

Training & technical assistance

Center for Integrated Health Solutions

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH · MENTAL HEALTH FIRST AID · Healthy Minds. Strong Communities.

SAMHSA

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

About the Center

In partnership with Health & Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA).

Goal:
To promote the planning, and development and of integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety net provider settings across the country.

Purpose:
- To serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development
- To provide technical assistance to PBHCI grantees and entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH — MENTAL HEALTH FIRST AID — *Healthy Minds. Strong Communities.* ✗SAMHSA www.integration.samhsa.gov

---

SAMHSA-HRSA
Center for Integrated Health Solutions

Center for Integrated Health Solutions

Target Populations
- SAMHSA Primary & Behavioral Health Care Integration (PBHCI) Grantees
- HRSA Grantees
- General Public

Services
- Training and Technical Assistance
- Knowledge Development
- Prevention and Health Promotion/Wellness
- Workforce Development
- Patient Protection and Accountable Care Act Monitoring and Updates

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH — MENTAL HEALTH FIRST AID — *Healthy Minds. Strong Communities.* ✗SAMHSA www.integration.samhsa.gov

Services Available from CIHS

Individual Technical Assistance:
- o Phone and video consultations, e-mail, site visits
- o Medicaid Health Home Consultation to States

Group Learning Experiences:
- o Regional and State Based Learning Communities
- o Trainings and Presentations
- o National Webinars

Tools:
- o Web-based Resources (Interim Billing Worksheets, sample MOUs)
- o White Papers and Factsheets (Medicaid Health Homes, Wellness Matrix)
- o eSolutions Newsletter – trends and new resources
- o Training Curricula

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.   ✗ *SAMHSA*   www.integration.samhsa.gov

---

Building the Integrated Health Workforce

Producing and implementing integrated health
education curriculum and resources for

- • **Social Worker** Standard of Practice and Field Placement
- • **Psychiatrists** Working in Primary Care
- • **Consumers** serving as Peer Educators
- • **Case Managers** as Health Navigators
- • **Addiction Professionals** Working in Primary Care
- • **Primary Care Physicians** Working in Behavioral Health Settings
- • **Care Management** in Primary Care for current Behavioral Health Workforce
- • **Mental Health First Aid** in Rural Community Health Centers

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.   ✗ *SAMHSA*   www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

PBHCI Learning Communities

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

✗**SAMHSA**
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

What is a Learning Community?

- Group of organizations committed to improving services related to a specific area of quality.

- Members communicate regularly to share their experiences and to learn from each other.

- A team under the CIHS provides guidance and support to members of the learning community.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

✗**SAMHSA**
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

Why is a Learning Community Important?

- Builds on the collective knowledge and real world experiences of grantees
- Social networking and shared learning encounters are activating
- Efficient and effective method to support widespread practice improvement
- Ensures that the common and unique concerns, challenges and needs of grantees are addressed

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH · MENTAL HEALTH FIRST AID · Healthy Minds. Strong Communities. ✗SAMHSA www.integration.samhsa.gov

---

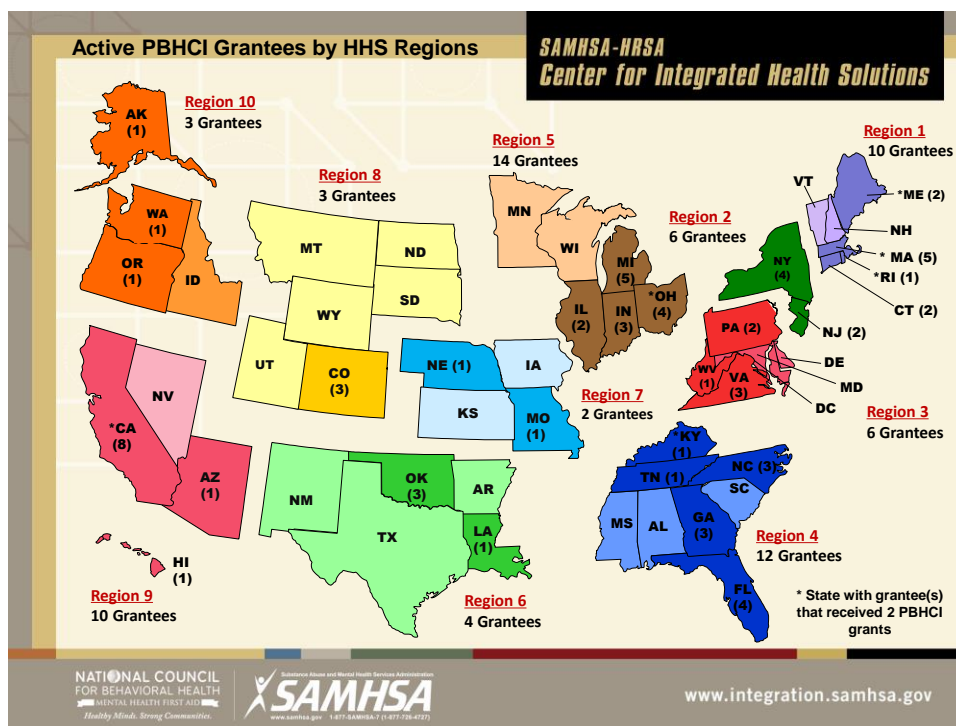SAMHSA-HRSA
Center for Integrated Health Solutions

How is the PBHCI Learning Community Organized?

- 126 grants have been awarded. The grantees are organized into 6 regional Learning Communities
- Each grantee identifies a core implementation team who interface most closely with their fellow teams in the Learning Community
- Each Learning Community has a Regional Resource Team consisting of a SAMHSA GPO, CIHS liaison, and CIHS Coordinator

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH · MENTAL HEALTH FIRST AID · Healthy Minds. Strong Communities. ✗SAMHSA www.integration.samhsa.gov

Active PBHCI Grantees by HHS Regions

Learning Community Activities:

Face-to-face meetings

Regional Meetings
- Two meetings within the Learning Community region
- Designed to offer grantees opportunities to present on successful efforts, discuss challenge areas and learn from the experiences of other grantees addressing the same challenges

Bi-annual National Grantee Meeting – Grant Requirement
- 3-Day Meeting – networking, strategic ideas, new strategies
  Cohort VII Grantees are required by the RFA to bring the CEOs of their organizations to the bi-annual meetings

Individual Site Visits
- Select number of grantees based on need and expressed interest

Learning Communities Activities:

Phone based communication

Quarterly Grantee Calls (SAMHSA and CIHS)
-Review quarterly reports
-Identify and reinforce work plan progress
-Discussion of high priority concerns of the grantee
- Offer assistance directly during the call
- Consult with CIHS to explore helpful resources

Individual Technical Assistance
-Phone/video consultation with access to content expertise. Initiated by grantees and/or GPO to address specific concerns and needs

Group calls
Regional or group technical assistance (Project Directors, PBHCI Evaluators)

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH — MENTAL HEALTH FIRST AID — Healthy Minds. Strong Communities. ✗SAMHSA www.integration.samhsa.gov

---

Learning Community Activities:

Web-Based Communication

PBHCI Only Listserv
- Quick access to tips and advice from fellow grantees
- Important SAMHSA announcements

PBHCI Webinars
- Quarterly topic specific webinars (60-90 minutes) coordinated through the CIHS and focus on topics of interest to grantees
- Issue Specific Series – Tobacco Cessation, H Indicators
- Quarterly Evaluator Calls/Webinars

Weekly Email Updates
- Important PBHCI updates
- New resources

PBHCI Website
- Learning Community materials
- Webinar archives

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH — MENTAL HEALTH FIRST AID — Healthy Minds. Strong Communities. ✗SAMHSA www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Additional Archived PBHCI Grantee Webinars

- Tobacco Cessation
- Making HIT Decisions
- Clinical Workflows 101 and 201
- Introduction to Billing and Reimbursement of Integrated Health Services PBHCI Grantee Client Reassessment
- Meeting the Challenge: Engagement for Whole Health and Wellness
- PBHCI Project Sustainability
- FQHC Billing
- Team Approaches to Care Coordination
- Implementing Collaborative Documentation, Making it Happen!
- Billing Primary Care When You Are a Behavioral Health Center
- Billing Behavioral Health Services – A Primer for FHQC/Medical Staff
- The State of Dental Care

http://www.integration.samhsa.gov/pbhci-learning-community/webinar-calendar

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH — MENTAL HEALTH FIRST AID — Healthy Minds. Strong Communities.

SAMHSA — www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov

Clinical	Behavioral Health	Best Practices	Care Coordination	Clinical Guidelines
	Co-Occurring MH & SUD	Health Behavior Change	Medical & BH Screening Tools	Mental Health
	Motivational Interviewing	Pain Management	Primary Care	Telemedicine
	Trauma			
Consumer Engagement	Community Educators	Consumer Inclusion	Family Inclusion	Peer Educator
	Peer Support Specialist	Recovery	Shared Decision Making	Wellness Coaches
Finance	Billing Tools	Medicaid	Medicare	Private Payers
	Self-Pay	State Specific Models	Sustainability	Uninsured
Health IT	Data Sharing	EHRs	Interoperability with Primary Care Partners	
	Meaningful Use	Patient Registries	Workflow	
Integrated Care Models	Behavioral Health in the Primary Care Setting	Bi-Directional Healthcare Integration	Choosing a Model	Person-Centered Healthcare Homes
	Primary Care in a Behavioral Health Setting	Review of Different Models		
Operations	Access and Retention	Confidentiality	Contracts/MOUs	FQHC Scope of Work Change
	Medical Space Guidelines	Organizational Change	Policies & Procedures	Workflow
Performance Measurement	Assessment	Data Collection	Data Management	Quality Improvement
Policy	Affordable Care Act	Federal Policy	State Policy	
Special Populations	Children/Adolescents	Cultural Competency	Homeless	Military/Veterans
	Older Adults	Racial/Ethnic Populations	Rural Communities	Uninsured
Substance Use	Medication-Assisted Treatment	SBIRT	Substance Use Prevention	Substance Use Treatment
Wellness, Peer Support & Resiliency	Cognitive Skills to Avoid Negative Thinking	Diabetes Management	Healthy Eating	Health Risk Screening
	Physical Activity	Restful Sleep	Service to Others	Stress Management
	Tobacco Cessation	Weight Management	Wellness Informed Care	Whole Health Self-Management
	Whole Health Action Management Training (WHAM)			
Workforce & Training	Behavioral Health Staff in Primary Care	Case-to-Care Navigator Training	Continuing Education	Graduate Education
	National Health Service Corps	Primary Care Staff in Behavioral Health	Staff Retention	State Licensure Requirements

---

SAMHSA-HRSA
Center for Integrated Health Solutions

Essential Information for Cohort VII Start-up— Please Hold The Wednesday Dates! 4-5 p.m.

October 29, 2014- Orientation to SAMHSA, PBHCI and CIHS

November 5, 2014-- Project Management- Workflows and Communicating for Buy-in From Consumers and Staff

November 12, 2014 -- Creating Your Wellness Plans

November 19, 2014 --Strategies and Workflows for Consumer Engagement and Retention

December 3, 2014-- Understanding and Using Population Management

30 minute presentations and 30 minute Q & A

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

SAMHSA

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Looking ahead…..

- **Regional Grantee Meetings**
- **Quarterly Grantee Calls (November 2014)**
- **Friday PBHCI eNewsletter**
- **Website Updates and Listserv News**

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Questions and Answers

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA

www.integration.samhsa.gov

Contact Us

Tenly Biggs, PBHCI GPO (Regions 1-3)
Tenly.Biggs@samhsa.hhs.gov

Roxanne Castaneda, PBHCI GPO (Regions 5-8)
Roxanne.Castaneda@samhsa.hhs.gov

Marian Scheinholtz, PBHCI GPO (Region 4)
Marian.Scheinholtz@samhsa.hhs.gov

Sal Ortiz, Grants Management
Salvador.Ortiz@samhsa.hhs.gov

Laura Galbreath, CIHS Director
laurag@thenationalcouncil.org

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

www.integration.samhsa.gov